

- ☐ No additional claim fee is required.
- ☒ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	19	20	0	x \$ 52 (1202)	\$ 0
Independent Claims	5	3	2	x \$ 220 (1201)	440
<input type="checkbox"/> If Amendment adds multiple dependent claims, add \$ 390 (1203)					\$ 0
Total Claim Amendment Fee					\$ 440
<input checked="" type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					220
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					\$ 220

- ☐ Charge _____ to Deposit Account No. 02-4800 for the fee due.
- ☐ A check in the amount of _____ is enclosed for the fee due.
- ☒ Charge \$ 220 to credit card for the fee due. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BUCHANAN INGERSOLL & ROONEY PC

Date FEB. 27, 2009

By:


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